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CONFIRMATION NO. 4207

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/014,991	<b>FILING OR 371(c) DATE</b> 12/11/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ONUX-4 CON
<b>APPLICANTS</b> Gregory E. Sancoff, North Hampton, NH; Frederic P. Field, North Hampton, NH; Douglas A. Fogg, Merrimac, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/368,273 08/03/1999 PAT 6,332,889 which claims benefit of 60/098,152 08/27/1998 and claims benefit of 60/118,039 02/01/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/02/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 51
<b>INDEPENDENT CLAIMS</b> 17				
<b>ADDRESS</b> 23628				
<b>TITLE</b> Surgical suturing instrument and method of use				
<b>FILING FEE RECEIVED</b> 1237	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	